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“The Healing Act as a Moral Act”

Introduction

In Plato’s early text, *Euthyphro*, Socrates asks if the pious act is pious because of something in the act itself or because someone external to the act loves it, specifically the Greek gods (10a). This comes to us as the question of the source of our evaluation of moral action. Is a moral act good in itself? Or, is an action good or bad because of an external evaluator, be that family, society or God? As the dialogue unfolds, Socrates teaches that an action is loved because of *what it is* (10d). Piety is a kind of justice, specifically justice in our relationships with divinities (12e). Being clever and wise, Socrates would not define piety any further. However, he has clarified that *actions are something in themselves* and that *they can be described and defined*; they have a broad class to which they belong and specific differences limiting them to a particular kind of action.

In his famous book, *The Republic*, Plato describes three kinds of goods or actions: (1) those done for themselves, like enjoying a song; (2) those done for themselves and for a purpose beyond the action, like education; and (3) things done only for the value of the product, like having a cavity repaired or a tooth pulled (357a-d). Plato argues against the sophist, Thrasymachus, that justice is not something we do

merely for its result, making us look good, but something done for itself as what ought to be done in human relations and beyond itself for the goodness, the inner harmony it produces in the agent. In this way, he places moral action as that which is done for its own sake and for its impact on the agent. Plato argues it would be worth acting with justice because of the impact on one's own character or soul even if no one knew about it, or if one had to suffer for it.

This paper is an exploration and placement of what can be called the healing act, an exchange between two individuals in which one person is enriched in their quest for health by the presence and abilities of the other.¹ The primary theses of this paper are first, that the healing act, which is at the heart of health care, is a moral act and secondly that both the moral act and the healing act are grounded in what it is to be human. They are part of the larger class of human actions. If one were to use a set of circles, we would say the outer ring was human action. Inside human actions are excellent actions additionally specified as moral. The healing act is among the multiple moral acts that can be performed. This discussion emerges from personal inquiry into (1) classical understandings of being human and the fullness of human life, (2) attributes of the moral act, and (3) health care as a topic of philosophical inquiry. It is the insight of this paper that the human act, the moral act, and the healing act share a common structure and fit together. The moral act is an excellent human act with the healing act being a subset of the moral act. This category of action excludes the young child without sufficient knowledge and experience, the elderly with loss of memory and reasoning and those under the influence of drugs.

Human acts can be contrasted with acts done by humans like eating, breathing and walking. They require some level of insight and understanding so that actions are

chosen. They must also be freely carried out as the individual's own. Freedom is this ability to choose an action.

Human excellence is in discerning the best action to be done in a situation, choosing to do the action, and the ability actually to do the chosen good action. This excellent human act, is a moral act, a principle-based action performed as good for another and as the agent's own good. What I do that is good for you, in fact, is good for me. This good is my human fulfillment. Additionally, there is an identifiable interpersonal transaction that brings healing to the recipient and fulfillment to the healer. This giving act is an excellence of soul and, thus, a moral act.

The healing act is a moral act

As emerging from the humanity of the practitioner, the healing act is a human act. As a human excellence, the healing act is a moral act requiring that one be disposed to see the good to be done and have the discipline to do it. The healing act is an interpersonal transaction that focuses directly on the individual patient's wellbeing. As a valued healing moment, the healing act is a good in itself, valuable here and now, but the action also points beyond itself towards the end of health for this individual and to the fulfillment of the professional as healer. Thus, the structure of the healing act, as we conceive it, parallels the structure of those actions, which are good in themselves and in their outcomes.²

Robert Sokolowski, in his analysis, *The Moral Act: A Phenomenological Study*,³ stresses the interpersonal character of the act. A moral act is a transaction in which another's good becomes my good in these circumstances. It is essential, however, that the actor be disposed to see both the truth of the need and their responsibility to act. They must also have the virtue to do what is now known to be required as the moral

action, fulfilling the good of the other. It is experienced as their own good. One of Sokolowski's important insights is the reflexivity of the moral act. Morality is not just giving of one's self. When I act for your good it is also good for me. In a course paper, written about the nursing act, I wrote, "the nursing act is the nurse acting for the good of the patient as his or her good for the patient." Sokolowski crossed through "for the patient." I have come to see that if the nurse acts only for the good of the patient he or she will feel drained by their practice. They are apt to experience "burn out." My good for the other must also be good for me as the fulfillment of who I am. If healing is a moral act, as here proposed, it is an excellence, the fulfillment of one's self as human as well as the fulfillment of one's self as health-care practitioner. When my actions done for the good of the other, in this case, their health, are also my good as they fulfill who I am as physician, nurse, or therapist I am energized rather than fatigued. At the end of the day, the healer may be physically exhausted but when their actions have expressed who they are, there will also be an energized satisfaction, even joy, at having served well.

This synthesis of being and acting in the healing act is seen in Sokolowski's description of medicine and the physician. He writes,

Because the art of medicine aims at something that is a good for the patient, the doctor, in the exercise of his art, seeks the medical good of the patient as his own good....The nature of his art, with the perspectives it provides on the medical good, gives the physician this harmony, and it makes him, in the good exercise of his art, not only a good doctor but also essentially a good moral agent, one who seeks the good of another formally as his own. The doctor's profession essentially makes him a good man, provided he is true to his art and follows its insistence.⁴

Returning to Plato's categories of actions, we find within contemporary health care actions done for themselves and their outcome and actions done just for their

outcomes. Most people would not choose to have surgery just for having surgery. Patients have surgery for what is achieved in either removing an impediment like a tumor that prevents the full expression of health or inserting an assistive device like a pacemaker to regulate the heart. Even a visit to an internist or pediatrician is chosen for the end of improved health, not to enjoy the practitioner or the office staff. However, on the side of the practitioner, the presentation of the patient in need of intervention, medical or surgical, provides this dual opportunity for an action good in itself and in its outcome. The surgery itself is a good, the surgeon acting for the benefit of the patient. The action, however, has dual ends, improved health for the patient, and the expression of who the surgeon is as surgeon. The skeptic and naysayer claim the surgeon was just performing a skill in order to make money. This reduces the surgeon to a mechanic and the human person to a body, a machine in need of repair. This is a disservice to them both.

Plato's Socrates argued that the doctor is not doctoring except when acting for the good of the patient. If he makes a mistake, it is as human, not as doctor. In the same way we can say that if a physician, nurse or therapist is practicing only for his or her own benefit, it is still a human action chosen with knowledge of what is involved but it is not a healing act. The healing in this case is incidental. Health is a side effect rather than an end. This may be a part of the emptiness felt by patients and staff when health care is only a business, or when health-care providers are on the job only to earn money. This perspective is evident in the emotional distance maintained and the disinterested services provided.

Medical science is one of the facets of contemporary medicine, which is one of the facets of contemporary health care. Even with all of its complexity, at center core

medicine is human interactions that heal. The healing agent is the person who gives of him or herself to the patient as the agent's own good. In acting for the good of the patient as the agent's own good, the agent enriches and fulfills the meaning of being a healer, a provider of 'health' and 'care' in their richest sense. The kind of professional practitioner one is and one's presentation of self as that professional, enables the patient to be a client of that discipline be it medicine, physical therapy, dentistry, or nursing, to name only a few.

Clearly, much of the health care enterprise does not fall within this conception of the healing act. Many interventions are removing impediments or making a way for nature to restore itself within the patient. The personal healing interaction may not be required, or patients get better in spite of its absence. There are also a number of activities of health care providers that are not directly related to healing. In addition to human resources, there is much technology to manage, and a business to run. These are intended for the end of health; but in themselves, they do not heal. They are maintaining the health-care establishment. The paradigm of health-care is in the moment when the physician or other health care professional interacts in a significant way specifically for the good health of the patient, and this transaction is the good fulfillment of the individual professional as healer. An example can be provided from my experience last week with an orthopedic surgeon. He entered the examining room after viewing X-ray and MRI films of my ankle, examined my ankles, and wrote notes and prescriptions. All the while he was talking, but when he looked up directly into my eyes, smiled, and said "I hope this will help," then I could be helped by all the knowledge he had. He offered additional explanations and content, but the key was his seeing me as a person; that allowed me to receive his care, to follow his orders.

Health care is a uniquely human activity required by the vulnerability of humans to disease, injury and other illness states. It is also made possible by human capacities to reason beyond current experience to new knowledge and new opportunities. According to Dr. Edmund Pellegrino, this vulnerability of the patient and the physician's knowledge and abilities impose on the physician a duty to heal. It is the basis of the physician-patient relationship.⁵ In this relationship one member is vulnerable due to illness or injury (be that physical, spiritual, or emotional). This infirmity leads them to be receptive to what the other has to give of themselves, their knowledge, and their skills. The healing act that is the core of the physician-patient relationship is not exclusive to medicine or even the healing professions. Some say the bartender is the best therapist. He or she is an informal healer, if what is needed is a listening ear and someone who acknowledges the personal pain of the patron. The difficulty with this scenario is the mix with alcohol that can generate more pain rather than healing. Another setting is the nurturance of maternal caring. A nurturing mother detects her child's need as an opportunity to give of herself for the child's good, and this is the fulfillment of herself as person and as mother. Sometimes the chaplain is the most important healer by resolving conflicts and strengthening the individual so that their energy can be focused on becoming healthy again or peacefully living until death occurs.

These healing actions are unique interpersonal transactions. They are not acts of friendship. They are not among equals and there is not a mutual sharing of stories; one person needs to have the capacity to meet the need of the other. We have noted that need becomes vulnerability in the recipient, and the capacity to meet this need awakens responsibility in the healer and is also a source of power. This power differential is the

inequality in the relationship. However, not all aspects of the caregiver-patient relationship and not all behaviors of health-care providers are healing actions. The healing actions we are considering are unique interpersonal transactions epitomized by moments of intense exchange where the patient is energized towards health and the caregiver is energized and affirmed in his or her vocation as healer.

Humanity is the foundation of health care disciplines

Within a classic philosophical understanding of speculative and practical sciences, when the end of the discipline is practice the science is a practical science. No matter how speculative the project, medical science is for the sake of medical practice which occurs within the physician-patient transaction. In this way, the humanity of the physician and patient is the core of medical science. This foundation in the humanity of patient and practitioner is also true for other disciplines like nursing and the therapies.

We used Plato to set up an inquiry into action. But he found answers regarding proper human action by proposing an ideal world. For example, to be human is to participate in the eternal, perfect Form Human. To act with justice is to participate in the Form Justice. Since this natural world was considered fleeting shadows of the Ideal world, if we are to study human action, we must consider another source. Thus, we turn to Plato's famous student, Aristotle, and contemporary Aristotelian scholarship to understand existing and acting as human. Aristotle valued this changing world and found answers about unity and excellence within nature. According to Aristotle, the proper human action is an activity of the soul in conformity with a rational principle (Aristotle, *Nicomachean Ethics*, 1098a). The phrase 'activity of the soul' is used because the intellectual soul is the source of human responses and activities. Reason is required to assess a situation and evaluate the cultural and legal norms to arrive at an

appropriate action for that particular person in those circumstances. The uniqueness of human life is this capacity to reason conceptually, in universal terms, and to make decisions based upon reasoning. Animals problem-solve based upon memory and perception of the current situation, as mice can follow a maze to find the cheese. However, humans are able to think beyond their circumstances and patterned responses because of their grasp of concepts and conceptual reasoning.

In this understanding, humans share with all natural entities the molecular capacities of gravity, electromagnetism, and the strong and weak nuclear forces. With all living things humans have the capacity for growth, nutrition, homeostasis, and reproduction. The powers of sensation, perception, emotions and appetites (sentience), and mobility are shared with all animals. Rationality is what makes humans unique among all natural kinds. This is the capacity for conceptual knowledge and reasoning to new knowledge. Through knowledge of options, humans can exercise free will and choose where they will go and how they will act.⁶ Mutually establishing a therapeutic plan resonates with what it means to be human.⁷ This insight forms the reasoned principle that medical goals ought to be mutually established, a position currently emphasized by the contemporary focus on patient autonomy.

Additionally, it can be argued that all humans are human not because of certain capacities, but on the basis of their being members of the human kind. This shared humanity generates an empathetic response to the suffering of another, and some would hold it generates an obligation to help, to intervene on behalf of vulnerable needy individuals. The fullness of human life, human excellence, requires the actualization of the ability to make decisions and act in ways that promote the best in human living.

This best in human living, according to Aristotle, would require that one do the right action, at the right time, for the right reasons, toward the right person, in the right way (*Nicomachean Ethics*, 1106b20-24). A virtuous upbringing is required in order to fulfill these five aspects of every virtuous action. Today, twenty-five centuries later, everyone educated as a health-care professional has been trained in these five “rights.” They came to my attention first in medication administration: the right medication, for the right patient, by the right route, using the right means, in the right amount. As a nurse, I have a moral and legal obligation to fulfill them. This personal reference points to the reality that much in health care involves moral action besides the specifically healing act we have been discussing.

Actions are on the level of the particular. One gives medication to a particular patient. One enters into a healing transaction with an individual. How can there be a healing science, a medical science? Whether you accept scientific knowledge as stable universal content or generalizations from data leading to likely accounts, or confirmed beliefs, scientific knowledge is generally considered to be the results of research. Medical science is a stable base of organized knowledge generated by documented controlled inquiry. Science is not individual particular interventions. This is the art of practice.

The speculative scientist analyzes effects and does research to uncover the principles and causes of the effects. The goal of truly speculative inquiry is just to have knowledge. Research is conducted in order to uncover and then support that the object of inquiry actually exists or that identified principles are in fact the causes of specified effects. In drawing conclusions and publishing studies the speculative scientist may

compose logical proofs confirming results, but the method of speculative science is primarily analytic.⁸

Similarly, the practical scientist will analyze and study materials, behaviors, or desired effects in order to discover their principles and causes. Nevertheless, the practical scientist is not primarily concerned with truth about nature. The study does not conclude with the composition of a proof and publication of a report, although these are important. The goal of practical inquiry is the discovery of principles and actions appropriate for the composition of desired ends. These principles of action are practical truths. In a practice discipline, the researcher, just as the clinician, is seeking to know what is needed and correct in order to generate a cure or improved health. Medical researchers inquire into behaviors that represent both responses to interventions and interventions themselves. Researchers identify and support principles and causes that explain patient responses or support certain behaviors as the correct thing to do for prevention of illness, curing disease, or the promotion or production of the fullness of human life captured in the word 'health.'

Practical science does not generate a situation or a product. Science provides knowledge of principles and causes for the practitioner who must carefully assess and evaluate a particular situation. Practical sciences are completed by practitioners, not as science but as art, be that political arts, engineering arts, nursing arts or medical arts. This art of practice does not just refer to skills. The art of nursing is the skillful, experienced application of nursing knowledge within particular nursing situations. The art of medicine is the same. Practitioners require good judgement (wisdom) in the use of principles acquired from learning the accepted body of knowledge. These principles are used in the composition of interventions towards the end of health. Medical,

nursing, or therapy principles may be acquired from speculative, productive and practical disciplines or from primary research within the discipline itself. Research inquiring into principles from other disciplines, like cellular biology, appropriates them into the organized body of therapeutic knowledge, but only if their explanatory and prescriptive value is confirmed.

A professional practitioner has available the body of knowledge learned as disciplinary science. In a particular patient interaction, principles are selected, applied, even modified to compose a response to intervene in the patient situation. This composition of a healing situation is the practitioner's art.⁹ The therapeutic art of practice is the professional seeing and meeting the needs of the individual as the practitioner's good for this patient in this situation. This interaction is the setting within which the healing act occurs. The healing act is a moral transaction grounded in the humanity of both practitioner and patient, and the professional practitioner's good practice.

Conclusion

The above description places the healing act as a moral act. If it also carries the attributes and responsibilities of a moral act, there are significant implications for understanding effective health care interventions as requiring the practitioner to be virtuously disposed towards the patient's good in order to grasp both the principles and particulars in a situation requiring intervention. Without a virtuous disposition, an individual would not see the good of the other as his or her own good, bringing self-fulfillment as an individual and as a practitioner. This interpersonal core makes the practice of the health-care professional a moral art and the sciences, practical sciences.

Notes

¹ In this perspective, dying is a natural end of living. There is still wholeness or health in ones dying.

² One asks if the healing act could be focused on the community, taking the community as patient. It seems not except in an analogical sense with the individual being the paradigm case. Multiple interventions towards health prevention and promotion, while extremely important, are outside of our specific focus on the healing act.

³ Bloomington: Indiana University Press, 1985, esp. Ch. 3 "Moral Action".

⁴ "The Art and Science of Medicine," in *Catholic Perspectives on Medical Morals: Foundational Issues*, E.D. Pellegrino, J.P. Langan, and J.C. Harvey, eds. Dordrecht: Kluwer Academic Publishers, 1989, 263-275. (p. 269)

⁵ This position is seen within Pellegrino's work in statements like the following : "Clinical medicine centers on the clinical encounter, the personal interaction between someone who is ill and someone who professes to be a healer. Certainly, health is the ultimate end for healing, but often the fullest functioning of the human body and mind are not attainable. A more proximate and immediate end toward restoration of the physiology and psychology disrupted by illness is to make a right and good decision for *this* patient." "The Internal Morality of Clinical Medicine: A Paradigm for the Ethics of the Helping and Healing Professions," *Journal of Medicine and Philosophy*, 2001, (26:6) 559-579. (p. 568)

⁶ This is the briefest summary of the work of William A. Wallace. Wallace has written extensively on human nature and the modeling of nature. See for example: *The Modeling of Nature: Philosophy of Science and Philosophy of Nature in Synthesis*. Washington, D.C.: The Catholic University of America Press, 1996; "Nature and Human Nature as the Norm in Medical Ethics." In *Catholic Perspectives on Medical Morals*, ed. E. D. Pellegrino, J. P. Langan, and J. C. Harvey. Dordrecht: Kluwer Academic Publishers, 1989, pp. 23-53; and "Nature as Animating: The Soul in the Human Sciences", *The Thomist*, 49,4 (October, 1985), 612-648.

⁷ An integration of Wallace and Pellegrino can be found in the author's article, "Human Life as a Foundation for Ethical Health-Care Decisions: a synthesis of the work of E. D. Pellegrino and W. A. Wallace." *Linacre Quarterly*, November 2002. On mutual goal attainment see Imogene King. A summary with bibliography can be found in the author's "The Philosophical Core of Imogene King's Behavioral System," in *Nursing Science Quarterly*, Vol. 12 No. 2, April 1999, 158-163.

⁸ Wallace, *From a Realist Point of View: Essays on the Philosophy of Science*, 2nd ed. Lanham: University Press of America, 1983. Ch 13 "Being Scientific in a Practice Discipline."

⁹ Pellegrino writes, "Medicine comes into existence *qua* medicine only when scientific knowledge is focused on a decision that is good for a particular patient." "Science and Theology: From a Medical Perspective," *Linacre Quarterly*, November 1990, 19-34. (p. 23). See also, "Ethics and the Moral Center of the Medical Enterprise" *Bulletin of the New York Academy of Medicine*, July-August 1978 (54:7) 625-639.